



<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37.1.53(b))	Attorney Docket No.	37505.0202
	First Inventor	Leising et al.
	Title	Silver Vanadium Oxide Provided With A Metal Oxide Coating
	Express Mail Label No.	EU47489443US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>31</u> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>4</u> ] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: <u>Credit Card Forms for \$858.00 and \$40.00</u>		

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No:       

Prior application information: Examiner:        Group/Art Unit:       

For CONTINUATION or DIVISIONAL, APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b> <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) <input checked="" type="checkbox"/> Correspondence address below							
NAME		Michael F. Sealise					
		Wilson Greatbatch Technologies, Inc.					
ADDRESS		10,000 Wehrle Drive					
CITY	Clarence	STATE	New York	ZIP CODE	14031		
COUNTRY	USA	TELEPHONE	(716) 759-5810	FAX	(716) 759-5074		
Name (Print/Type)	Michael F. Sealise		Registration No. (Attorney/Agent)			34,920	
Signature	<u>Michael F. Sealise</u>		Date			<u>July 31, 2003</u>	

"Express Mail" Mailing Label Number EU47489443US

Date of Deposit July 31, 2003

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Michael F. Sealise

# FEE TRANSMITTAL for FY 2002

Patent Fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$880.00)

Application Number

Filing Date

July 31, 2003

First Named Inventor

Leising et al.

Examiner Name

Group/Art Unit

Attorney Docket Number

37505.0202

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account: Deposit Account Number: 502460

Deposit Account Name:

The Commissioner is hereby authorized to (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge any fee deficiencies or credit any overpayments

☐ Charge any additional fees during pendency of this application.

☐ Charge fees indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

#### Large Entity

#### Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$
139	130	139	130	Non-English specification	\$
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	\$
112	920*	112	920*	Requesting Publication of SIR prior to Examiner Action	\$
113	1,840*	113	1,840*	Requesting Publication of SIR after Examiner Action	\$
115	110	215	55	Extension for reply within first month	\$
116	410	216	205	Extension for reply within second month	\$
117	930	217	465	Extension for reply within third month	\$
118	1,450	218	725	Extension for reply within fourth month	\$
128	1,970	228	985	Extension for reply within fifth month	\$
119	320	219	160	Notice of Appeal	\$
120	320	220	160	Filing a brief in support of an appeal	\$
121	280	221	140	Request for oral hearing	\$
138	1,510	138	1,510	Petition to institute a public use proceeding	\$
140	110	240	55	Petition to revive - unavoidable	\$
141	1,300	241	650	Petition to revive - unintentional	\$
142	1,300	242	650	10 advance copies Utility issue fee (or reissue)	\$
143	470	243	235	Design issue fee	\$
144	630	244	315	Plant issue fee	\$
122	130	122	130	Petitions to the Commissioner	\$
123	50	123	50	Processing fee under 37 CFR 1.17(g)	\$
126	180	126	180	Submission of Information Disclosure Statement	\$
381	40	381	40	Recording each patent assignment per property (times number of properties)	\$40
146	750	246	375	Filing a submission after first rejection (37 CFR 1.129(a))	\$
149	750	249	375	For each add'l invention to be examined (37 CFR 1.129(b))	\$
179	750	279	375	Request For Continued Examination (RCE)	\$
169	900	169	900	Request For Expedited Examination of a design appln.	\$
Other fees (specify)					\$
*Reduced by basic filing fee paid					\$
SUBTOTAL (3)					\$40

### FEE CALCULATION

#### 1. BASIC FILING FEE

##### Large Entity Small Entity

Fee Fee Fee Fee Fee Description Fee Paid

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

101 750 201 375 Utility filing fee \$750

106 330 206 165 Design filing fee \$

107 520 207 260 Plant filing fee \$

108 750 208 375 Reissue filing fee \$

114 160 214 80 Provisional filing fee \$

SUBTOTAL (1) \$750

#### 2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE

Extra Fee from Claims below

Total Claims 725 / 20\*\* = 36.25 / 18 = 2.01

Independent Claims 73 / 3\*\* = 24.33 / 18 = 1.35

Multiple dependent / / x / / = \$

Large Entity Small Entity

Fee Fee Fee Fee Fee Description Fee Paid

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim if not paid

109 84 209 42 \*\*Reissue independent claims over original patent

110 18 210 9 \*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$90

SIGNATURE:

Michael P. Scalis

Reg. No. 34,920

DATE: July 31, 2003

Telephone: (716) 759-5810